



## Education, Employment, and Training Division

Stockbridge-Munsee Community

P. O. Box 70

W13447 Camp 14 Road

Bowler Wisconsin 54416

Phone: 715-793-4100 Fax: 715-793-4830

[www.mohican.com/eetdept](http://www.mohican.com/eetdept)



## Education & Employment Services Application

### APPLICANT INFORMATION

First Name	MI	Last Name	Maiden Name	Date of Birth	Social Security Number
Street Address		City		State	Zip Code
Contact Phone		Alternate Contact Phone		Email:	
<b>Check services applying for today:</b>					
<b>Education:</b> _____ Post-Secondary Training ( <b>anything past high school</b> ), in accordance with academic development plan and if marked have you applied for Financial Aid? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>College/University Attending:</b> _____					
_____ Occupational Training _____ Financial Aid, (In Demand Occupation ONLY) Please List: _____					
<b>Employment:</b> _____ Work Experience _____ Youth Employment _____ Summer Youth _____ Independent Living					
<b>Support Services:</b> _____ Uniform _____ Tools _____ Child Care _____ Transportation Assistance _____ Other: _____					

### PERSONAL DATA: check and complete all that apply

<b>Tribal Affiliation (If Applicable)</b> Tribal Affiliation: _____ Enrollment #: _____ <b>OR</b> Parent Tribal Affiliation & Enrollment #: _____ <b>Are you a US Citizen?</b> Yes ____ No ____ <b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Marital Dependents Status:</b> ____ Single-No Children ____ Single with Dependent Children ____ Married-No Children ____ Married with Dependent Children ____ Caring for Elders in Home	<b>Are you a U.S. Veteran?</b> Yes ____ No ____ <b>Are you a spouse of a Veteran?</b> Yes ____ No ____ <b>*If no and male, have you registered with selective service?</b> Yes ____ No ____ <b>*If yes, write your Registration #</b> _____
<b>Employment Status:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed ( <i>circle one</i> ): Full- Time, Part-Time, or Seasonal <input type="checkbox"/> Other: _____		
<b>Education Status: What is the highest degree or level of school you have completed? (If currently enrolled, highest degree received)</b> <input type="checkbox"/> Some High School, No Diploma <input type="checkbox"/> High School Graduate, Diploma or Equivalent (GED, HSED) <input type="checkbox"/> Some College Credit, No Degree <input type="checkbox"/> Trade/ Technical/ Vocational Training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD		

### CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. I certify that the language in this application is true and correct. I authorize the Education, Employment, and Training Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education, Employment, and Training Department so it may process my application. I understand that the falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Stockbridge-Munsee Education, Employment, and Training Program's Handbook in relation to services provided based on this application and understand that I may have appeal rights under the Stockbridge-Munsee Education, Employment, and Training Program's Handbook

Applicants' Signature	Date	Parent/Guardian Signature (If Applicable)	Date
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